

VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
FINANCE OFFICE - INFORMATION RETURNS REPORTING
P. O. BOX 526, ROOM 252, RICHMOND, VA 23218-0526

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

Substitute Form W-9

Please return this form to the requestor

FAX (804) 692-0312

Each person or organization doing business with the Commonwealth of Virginia must provide the following information. Please return this form to the above fax number or address as soon as possible.

Check Only One:	Social Security Number	Employer Identification Number
<input type="checkbox"/> Individual	_____	_____
<input type="checkbox"/> Sole Proprietor	_____ and	_____
<input type="checkbox"/> Partnership		_____
<input type="checkbox"/> Limited Liability Corporation		_____
<input type="checkbox"/> Tax-Exempt Non-Profit Organization		_____
<input type="checkbox"/> Corporation (specify if medical or legal)		_____
<input type="checkbox"/> Other, please specify: _____		_____

Enter the following:

Legal name: _____

Trade Name: _____

Business Location Address: _____

Contact Person: _____ Telephone Number: _____

Please answer the following questions:

Is your organization (association, club, religious, charitable, educational, or other group) tax exempt under IRS Code Section 501(a) or 501(c)(3)? ☐ YES ☐ NO

Are you a Real Estate Agent? ☐ YES ☐ NO

Certification: Under penalties of perjury, I certify that:

(1) The number(s) shown on this form is my correct taxpayer identification number(s) [or I am waiting for a number to be issued to me], and (2) The organization entity and all other information is accurate, and (3) I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest and dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

You must cross out item (3) above if the IRS has notified you that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return.

Signature: _____ Date: _____